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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/952,389 09/12/2001 PAT 6,669,105
 which claims benefit of 60/232,214 09/13/2000 *2*

**** FOREIGN APPLICATIONS ******* *2*

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****
**** 12/24/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 Closed-loop mosquito insecticide delivery system and method

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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